# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000425942 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)

Account Number : I20030000004

Phone : (407)835-6769

Fax Number : (407)843-4076

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

corpmail@shutts.com

### FLORIDA LIMITED LIABILITY CO. 110 CR 470, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Help

(((H22000425942 3)))

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name

The name of the Limited Liability Company is:

110 CR 470, LLC

#### ARTICLE II - Mailing Address

The mailing address of the Limited Liability Company is as follows:

One Spectacle Pond Road Littleton, Massachusetts 01460

#### ARTICLE III - Street Address

The street address of the principal office of the Limited Liability Company is as follows:

10801 Cosmonaut Boulevard Orlando, Florida 32824

#### ARTICLE IV - Management

The Company shall be managed by one or more managers, and is thus a manager-managed limited liability company. The initial manager will be Robert W. Pereira, II.

## ARTICLE V - Registered Agent and Office and Registered Agent's Signature

The name and the Florida street address of the registered agent is:
Robert W. Pereira, II
c/o Asphalt Production II, LLC
1801 Cosmonaut Boulevard
Orlando, Florida 32824

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this Certificate. I hereby accept the appointment as registered agent and agree to act in this cupacity.—I-further agree to comply with the provisions of all statutes rejigning to the proper and complete performance of my diates, and I am familiar with and accept the obligations of my position as perspected agent as provided for in Chapter 605, Florida Sianutes.

By: ARegistered Agent's Signature)

Robert W. Perôna, II

Signature of a member or an authorized representative of a member

Robert W. Pereira, II, Authorized Representative

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, Florida Statutes)

ORLDOCS 20144695 | 55415,0001